Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
Requirement Number	Requirement Language           Definition of Graduate Medical Education           Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments.           Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate frauduate and psychologically in the subspecial providence.	Number	Definition of Graduate Medical Educa Fellowship is advanced graduate med residency program for physicians wh practice. Fellowship-trained physician subspecialty care, which may also into community resource for expertise in a new knowledge into practice, and edu physicians. Graduate medical educat group of physicians brings to medica inclusive and psychologically safe lea Fellows who have completed resident in their core specialty. The prior medi fellows distinguish them from physician care of patients within the subspecial feoulty automizing and conditioned in
Int.A.	faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education that focuses on the multidisciplinary care of patients. Fellowship education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well- being of patients, residents, fellows, faculty members, students, and all members of the health care team.	[None]	faculty supervision and conditional in serve as role models of excellence, co professionalism, and scholarship. Th knowledge, patient care skills, and ex area of practice. Fellowship is an inte clinical and didactic education that for of patients. Fellowship education is o intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, to members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientists knowledge within medicine is not exc physicians, the fellowship experience pursue hypothesis-driven scientific in the medical literature and patient care expertise achieved, fellows develop m infrastructure that promotes collabor
Int.B.	Definition of Subspecialty Brain injury medicine addresses the prevention, diagnosis, treatment, and management of persons with traumatic and non-traumatic brain injuries, including the prevention, diagnosis, and treatment of related medical, physical, psychosocial, and vocational disabilities and complications during the lifetime of the patient.	[None]	<b>Definition of Subspecialty</b> Brain injury medicine addresses the pre- management of persons with traumatic a including the prevention, diagnosis, and psychosocial, and vocational disabilities the patient.

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nedical education beyond a core who desire to enter more specialized ians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of ration values the strength that a diverse cal care, and the importance of learning environments.

ency are able to practice autonomously edical experience and expertise of sicians entering residency. The fellow's ialty is undertaken with appropriate I independence. Faculty members compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused itensive program of subspecialty focuses on the multidisciplinary care often physically, emotionally, and rs in a variety of clinical learning te medical education and the wells, faculty members, students, and all

any fellowship programs advance ets. While the ability to create new exclusive to fellowship-educated ace expands a physician's abilities to c inquiry that results in contributions to are. Beyond the clinical subspecialty o mentored relationships built on an orative research.

revention, diagnosis, treatment, and ic and non-traumatic brain injuries, nd treatment of related medical, physical, es and complications during the lifetime of

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Length of Educational Program		
Int.C.	The educational program in brain injury medicine must be 12 months in length. (Core)	4.1.	Length of Program The educational program in brain injury (Core)
Ι.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution The Sponsoring Institution is the organization or entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the		Sponsoring Institution The Sponsoring Institution is the orga ultimate financial and academic respo medical education consistent with the When the Sponsoring Institution is no most commonly utilized site of clinica
I.A.	primary clinical site. The program must be sponsored by one ACGME-accredited Sponsoring	[None]	primary clinical site.
I.A.1.	Institution. <sup>(Core)</sup>	1.1.	The program must be sponsored by c Institution. (Core)
I.B.	Participating Sites A participating site is an organization providing educational experiences or educational assignments/rotations for fellows.	[None]	Participating Sites A participating site is an organization or educational assignments/rotations
I.B.1.	The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)	1.2.	The program, with approval of its Spo primary clinical site. (Core)
I.B.1.a)	The Sponsoring Institution must be affiliated with hospitals and clinics that provide care for persons with brain injury from acute care through long-term outpatient management. (Core)	1.2.a.	The Sponsoring Institution must be affilian provide care for persons with brain injury outpatient management. (Core)
I.B.1.b)	The Sponsoring Institution must sponsor an ACGME-accredited program in child neurology, neurology, physical medicine and rehabilitation, or psychiatry. (Core)		The Sponsoring Institution must sponsor child neurology, neurology, physical med (Core)
I.B.1.c)	There must be close collaboration between the affiliated residency program and the brain injury medicine fellowship. (Core)	1.2.c.	There must be close collaboration betwee the brain injury medicine fellowship. (Co
I.B.2.	There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)	1.3.	There must be a program letter of agr and each participating site that gover program and the participating site pro
I.B.2.a)	The PLA must:	[None]	
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least even
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	The PLA must be approved by the des (Core)
I.B.3.	The program must monitor the clinical learning and working environment at all participating sites. (Core)	1.4.	The program must monitor the clinica at all participating sites. (Core)
I.B.3.a)	At each participating site there must be one faculty member, designated by the program director, who is accountable for fellow education for that site, in collaboration with the program director. (Core)	1.5.	At each participating site there must l by the program director, who is accou site, in collaboration with the program

ry medicine must be 12 months in length.

rganization or entity that assumes the ponsibility for a program of graduate the ACGME Institutional Requirements.

not a rotation site for the program, the ical activity for the program is the

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

filiated with hospitals and clinics that ury from acute care through long-term

sor an ACGME-accredited program in nedicine and rehabilitation, or psychiatry.

ween the affiliated residency program and Core)

greement (PLA) between the program erns the relationship between the providing a required assignment. (Core)

every 10 years. (Core) lesignated institutional official (DIO).

ical learning and working environment

at be one faculty member, designated countable for fellow education for that am director. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.B.4.	The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the ACGME's Accreditation Data System (ADS). (Core)	1.6.	The program director must submit an participating sites routinely providing for all fellows, of one month full time ACGME's Accreditation Data System
I.B.4.a)	All participating sites providing clinical experiences should be in the same geographic area as the primary clinical site, limited to a travel time of no more than one hour for rotations requiring daily attendance, unless appropriate overnight accommodations are provided by the program or institution. (Detail)	1.6.a.	All participating sites providing clinical ex geographic area as the primary clinical s than one hour for rotations requiring dail overnight accommodations are provided
I.C.	Workforce Recruitment and Retention The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents (if present), fellows, faculty members, senior administrative GME staff members, and other relevant members of its academic community. (Core)	1.7.	Workforce Recruitment and Retention The program, in partnership with its S in practices that focus on mission-dri and retention of a diverse and inclusi fellows, faculty members, senior adm other relevant members of its academ
I.D.	Resources	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.	The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for fellow education. (Core)	1.8.	Resources The program, in partnership with its S the availability of adequate resources
I.D.1.a)	The program must have access to a service delivery system dedicated to the care of persons with brain injury. (Core)	1.8.a.	The program must have access to a ser- care of persons with brain injury. (Core)
I.D.1.b)	Resources should include:	1.8.b.	Resources should include:
I.D.1.b).(1)	an emergency department that treats patients with brain injury; (Detail)	1.8.b.1.	an emergency department that treats pa
I.D.1.b).(2)	an accredited acute care hospital; (Detail)	1.8.b.2.	an accredited acute care hospital; (Deta
I.D.1.b).(3)	an inpatient rehabilitation unit; (Core)	1.8.b.3.	an inpatient rehabilitation unit; (Core)
I.D.1.b).(4)	a designated outpatient clinic for persons with brain injury; (Core)	1.8.b.4.	a designated outpatient clinic for person
I.D.1.b).(5)	availability of home care and other community reintegration resources; (Detail)	1.8.b.5.	availability of home care and other comr
I.D.1.b).(6)	other post-acute rehabilitation facilities, such as long-term acute and community- based and residential treatment facilities; (Detail)	1.8.b.6.	other post-acute rehabilitation facilities, s based and residential treatment facilities
I.D.1.b).(7)	specialty and subspecialty consultant services essential to the care of persons with brain injury, including anesthesiology, diagnostic radiology, emergency medicine, general surgery, internal medicine, neurological surgery, neurology, neuro-ophthalmology or ophthalmology, neuro-optometry or optometry, neuropsychology or psychology, oromaxillofacial surgery, orthopaedic surgery, otolaryngology, palliative care, pediatrics, physical medicine and rehabilitation, and psychiatry; and; (Detail)	1.8.b.7.	specialty and subspecialty consultant se with brain injury, including anesthesiolog medicine, general surgery, internal medi neuro-ophthalmology or ophthalmology, neuropsychology or psychology, oromax otolaryngology, palliative care, pediatrics and psychiatry; and; (Detail)
I.D.1.b).(8)	telecommunications capabilities to accommodate virtual patient encounters. (Detail)	1.8.b.8.	telecommunications capabilities to accor (Detail)
I.D.1.c)	There must be a patient population that includes a sufficient number of inpatients and outpatients, aged 15 and older, with new and ongoing brain injury dysfunction. (Core)	1.8.c.	There must be a patient population that inpatients and outpatients, aged 15 and dysfunction. (Core)

any additions or deletions of ng an educational experience, required le equivalent (FTE) or more through the m (ADS). (Core)

experiences should be in the same al site, limited to a travel time of no more aily attendance, unless appropriate ed by the program or institution. (Detail)

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s Sponsoring Institution, must engage driven, ongoing, systematic recruitment sive workforce of residents (if present), Iministrative GME staff members, and emic community. (Core)

Sponsoring Institution, must ensure es for fellow education. (Core)

Sponsoring Institution, must ensure es for fellow education. (Core)

ervice delivery system dedicated to the e)

patients with brain injury; (Detail) tail)

ons with brain injury; (Core)

nmunity reintegration resources; (Detail) s, such as long-term acute and communityes; (Detail)

services essential to the care of persons logy, diagnostic radiology, emergency edicine, neurological surgery, neurology, y, neuro-optometry or optometry, naxillofacial surgery, orthopaedic surgery, rics, physical medicine and rehabilitation,

commodate virtual patient encounters.

at includes a sufficient number of nd older, with new and ongoing brain injury

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
I.D.2.	The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow well-being and provide for:	1.9.	The program, in partnership with its S healthy and safe learning and working well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mus appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requirement
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member ap authority and accountability for the ov with all applicable program requireme
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduate (GMEC) must approve a change in pro program director's licensure and clini
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adequ based upon its size and configuration
II.A.2.a)	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. This may be time spent by the program director only or divided among the program director and one or more associate (or assistant) program directors. (Core)	2.3.a.	Program leadership, in aggregate, must dedicated minimum of 0.2 FTE for admir time spent by the program director only and one or more associate (or assistant)
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie

Sponsoring Institution, must ensure ing environments that promote fellow

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/rest facilities available and accessible ate for safe patient care; (Core)

tion that have refrigeration capabilities, patient care; (Core)

opriate to the participating site; and,

isabilities consistent with the pre)

subspecialty-specific and other rint or electronic format. This must al literature databases with full text

#### rsonnel

other health care personnel, including her programs, subspecialty fellows, nust not negatively impact the

appointed as program director with overall program, including compliance ments. (Core)

appointed as program director with overall program, including compliance ments. (Core)

ate Medical Education Committee program director and must verify the inical appointment. (Core)

cable, the program's leadership team, quate for administration of the program on. (Core)

ist be provided with support equal to a ministration of the program. This may be ly or divided among the program director nt) program directors. (Core)

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subspecialty expertise and view Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie
II.A.3.a).(1)	The program director must demonstrate ongoing education and acquisition of skills and knowledge in brain injury medicine and related fields. (Core)	2.4.b.	The program director must demonstrate skills and knowledge in brain injury medi
	must include current certification in the subspecialty for which they are the program director by the American Board of Physical Medicine and Rehabilitation or the American Board of Psychiatry and Neurology, or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess c subspecialty for which they are the pr Board of Physical Medicine and Rehabi Psychiatry and Neurology, or subspecia to the Review Committee. (Core)
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program R certifying board of the American Osteopa there is no AOA board that offers certific
II.A.4.	Program Director Responsibilities The program director must have responsibility, authority, and accountability for: administration and operations; teaching and scholarly activity; fellow recruitment and selection, evaluation, and promotion of fellows, and disciplinary action; supervision of fellows; and fellow education in the context of patient care. (Core)	2.5.	Program Director Responsibilities The program director must have responsibility for: administration and activity; fellow recruitment and select fellows, and disciplinary action; super education in the context of patient car
II.A.4.a)	The program director must:	[None]	
, II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role n
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design and consistent with the needs of the comr Sponsoring Institution, and the missio
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administer environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of cor develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learni the standards of the program. (Core)
II.A.4.a).(6)	submit accurate and complete information required and requested by the DIO, GMEC, and ACGME; (Core)	2.5.f.	The program director must submit ac required and requested by the DIO, G
II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)	2.5.g.	The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)

tor subspecialty expertise and iew Committee. (Core)

te ongoing education and acquisition of edicine and related fields. (Core)

current certification in the program director by the American bilitation or the American Board of cialty qualifications that are acceptable

Requirements deem certification by a pathic Association (AOA) acceptable, fication in this subspecialty]

ponsibility, authority, and nd operations; teaching and scholarly ction, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core)

ter and maintain a learning g the fellows in each of the ACGME

e authority to approve or remove aculty members at all participating ore faculty members, and must valuate candidates prior to approval.

authority to remove fellows from ning environments that do not meet )

accurate and complete information GMEC, and ACGME. (Core)

a learning and working environment in to raise concerns, report mistreatment, ial manner as appropriate, without fear

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Poquiromon
II.A.4.a).(8)	ensure the program's compliance with the Sponsoring Institution's policies and procedures related to grievances and due process, including when action is taken to suspend or dismiss, not to promote, or renew the appointment of a fellow; (Core)	2.5.h.	Requirement The program director must ensure the Sponsoring Institution's policies and and due process, including when acti not to promote, or renew the appointer
II.A.4.a).(9)	ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)	2.5.i.	The program director must ensure the Sponsoring Institution's policies and discrimination. (Core)
II.A.4.a).(9).(a)	Fellows must not be required to sign a non-competition guarantee or restrictive covenant. (Core)	3.1.	Fellows must not be required to sign restrictive covenant. (Core)
II.A.4.a).(10)	document verification of education for all fellows within 30 days of completion of or departure from the program; (Core)	2.5.j.	The program director must document fellows within 30 days of completion (Core)
II.A.4.a).(11)	provide verification of an individual fellow's education upon the fellow's request, within 30 days; and, (Core)	2.5.k.	The program director must provide ve education upon the fellow's request, v
II.A.4.a).(12)	provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)	2.5.1.	The program director must provide an interview with information related to t specialty board examination(s). (Core
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.		Faculty Faculty members are a foundational e education – faculty members teach fe Faculty members provide an importan and become practice ready, ensuring quality of care. They are role models to by demonstrating compassion, comm patient care, professionalism, and a d Faculty members experience the pride development of future colleagues. The the opportunity to teach and model ex- scholarly approach to patient care, fac graduate medical education system, i and the population.
П.В.	Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and themselves.	[None]	Faculty members ensure that patients from a specialist in the field. They rec the patients, fellows, community, and provide appropriate levels of supervis Faculty members create an effective l professional manner and attending to themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to	2.6.	There must be a sufficient number of
	instruct and supervise all fellows. (Core)	<b>Z.U.</b>	instruct and supervise all fellows. (Co

the program's compliance with the of procedures related to grievances ction is taken to suspend or dismiss, ntment of a fellow. (Core)

he program's compliance with the disconting the disconting of the disconting the

n a non-competition guarantee or

nt verification of education for all not or or departure from the program.

verification of an individual fellow's , within 30 days. (Core)

applicants who are offered an their eligibility for the relevant re)

I element of graduate medical fellows how to care for patients. fant bridge allowing fellows to grow og that patients receive the highest is for future generations of physicians mitment to excellence in teaching and dedication to lifelong learning. ide and joy of fostering the growth and The care they provide is enhanced by exemplary behavior. By employing a faculty members, through the h, improve the health of the individual

Its receive the level of care expected ecognize and respond to the needs of ad institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.B.2.a)	be role models of professionalism; (Core)	2.7.	Faculty Responsibilities Faculty members must be role models
II.B.2.b)	demonstrate commitment to the delivery of safe, equitable, high-quality, cost-effective, patient-centered care; (Core)	2.7.a.	Faculty members must demonstrate of equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching r
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer and environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly partie discussions, rounds, journal clubs, ar
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropria hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	<ul> <li>have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation or the American Board of Psychiatry and Neurology or possess qualifications judged acceptable to the Review Committee. (Core)</li> <li>[Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers</li> </ul>		Subspecialty Physician Faculty Membre Subspecialty physician faculty membre the subspecialty by the American Board Rehabilitation or the American Board of I qualifications judged acceptable to the [Note that while the Common Program R certifying board of the American Osteopa
II.B.3.b).(1)	certification in this subspecialty]	2.9.	there is no AOA board that offers certification
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member b Association (AOA) certifying board, o acceptable to the Review Committee.
,	Core Faculty		
	Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)		Core Faculty Core faculty members must have a sign supervision of fellows and must devot effort to fellow education and/or admit component of their activities, teach, e feedback to fellows. (Core)
II.B.4.		2.10.	

els of professionalism. (Core)

e commitment to the delivery of safe, re, patient-centered care. (Core)

a strong interest in the education of it time to the educational program to g responsibilities. (Core)

nd maintain an educational

g fellows. (Core)

rticipate in organized clinical

and conferences. (Core)

ty development designed to enhance

riate qualifications in their field and ntments. (Core)

riate qualifications in their field and ntments. (Core)

# nbers

**abers must have current certification in oard of** Physical Medicine and of Psychiatry and Neurology **or possess the Review Committee. (Core)** 

Requirements deem certification by a pathic Association (AOA) acceptable, fication in this subspecialty]

y members must have current appropriate American Board of r board or American Osteopathic or possess qualifications judged e. (Core)

significant role in the education and /ote a significant portion of their entire ninistration, and must, as a , evaluate, and provide formative

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)	2.10.a.	Faculty members must complete the a (Core)
II.B.4.b)	There must be at least one other core FTE faculty member, in addition to the program director, with expertise in brain injury medicine to ensure the quality of the educational and scholarly activity of the program and provide adequate supervision of fellows. (Core)	2.10.b.	There must be at least one other core F program director, with expertise in brain the educational and scholarly activity of supervision of fellows. (Core)
II.C.	Program Coordinator	2.11.	Program Coordinator There must be a program coordinator
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. (Core)	2.11.b.	The program coordinator must be provid minimum of 0.2 FTE for administration of
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary pe administration of the program. (Core)
II.D.1.	Appropriately qualified professional staff members must be available in the disciplines of neuropsychology/psychology, occupational therapy, orthotics and prosthetics, physical therapy, rehabilitation nursing, respiratory therapy, social service, speech-language pathology, therapeutic recreation, and vocational counseling. (Core)	2.12.a.	Appropriately qualified professional staff disciplines of neuropsychology/psycholo prosthetics, physical therapy, rehabilitation service, speech-language pathology, the counseling. (Core)
111.	Fellow Appointments	Section 3	Section 3: Fellow Appointments
III.A.	Eligibility Criteria	[None]	
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)	3.2.	Eligibility Requirements – Fellowship All required clinical education for entr programs must be completed in an AG an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons of College of Family Physicians of Canad program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fie CanMEDS Milestones evaluations from
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a program that satisfies program requirement III.A.1. in one of the following: child neurology, neurology, physical medicine and rehabilitation, psychiatry, or sports medicine. (Core)	3.2.a.1.	Prior to appointment in the program, fello a program that satisfies program require neurology, neurology, physical medicine medicine. (Core)

e annual ACGME Faculty Survey.

FTE faculty member, in addition to the in injury medicine to ensure the quality of of the program and provide adequate

# or. (Core)

# or. (Core)

rovided with dedicated time and of the program based upon its size

vided with support equal to a dedicated of the program. (Core)

# Sponsoring Institution, must jointly personnel for the effective

aff members must be available in the logy, occupational therapy, orthotics and ation nursing, respiratory therapy, social herapeutic recreation, and vocational

# p Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, m, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or hada (CFPC)-accredited residency

verification of each entering fellow's field using ACGME, ACGME-I, or om the core residency program. (Core)

ellows must have successfully completed rement 3.2. in one of the following: child ne and rehabilitation, psychiatry, or sports

Roman Numeral Requirement Number	Poquiromont Languago	Reformatted Requirement Number	Deguinemen
Number	Requirement Language	Number	Requiremen
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Physical Medicine and Rehabilitation will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Physical M the following exception to the fellows
	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the		An ACGME-accredited fellowship pro qualified international graduate applic eligibility requirements listed in 3.2, b
III.A.1.c).(1)	following additional qualifications and conditions: (Core) evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and,	3.2.b.1.	additional qualifications and conditio evaluation by the program director ar the applicant's suitability to enter the review of the summative evaluations
III.A.1.c).(1).(a)	(Core)	3.2.b.1.a.	(Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant's GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commission (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exc their performance by the Clinical Com of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoin Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
	Educational Program The ACGME accreditation system is designed to encourage excellence		Section 4: Educational Program The ACGME accreditation system is c
	and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program.		and innovation in graduate medical e organizational affiliation, size, or loca
	The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care.		The educational program must suppo knowledgeable, skillful physicians wh
	It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on		It is recognized that programs may pl leadership, public health, etc. It is exp reflect the nuanced program-specific example, it is expected that a program scientists will have a different curricu
IV.	community health.	Section 4	community health.

Medicine and Rehabilitation **will allow vship eligibility requirements:** 

rogram may accept an exceptionally licant who does not satisfy the , but who does meet all of the following ions: (Core)

and fellowship selection committee of he program, based on prior training and is of training in the core specialty; and,

nt's exceptional qualifications by the

sion for Foreign Medical Graduates

cception must have an evaluation of ompetency Committee within 12 weeks

oint more fellows than approved by the

on of previous educational experiences ed performance evaluation prior to , and Milestones evaluations upon

designed to encourage excellence education regardless of the cation of the program.

port the development of who provide compassionate care.

place different emphasis on research, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianculum from one focusing on

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Educational Components		
IV.A.	The curriculum must contain the following educational components:	4.2.	Educational Components The curriculum must contain the follo
IV.A.1.	a set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates, which must be made available to program applicants, fellows, and faculty members; (Core)	4.2.a.	a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty memb
IV.A.2.	competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice in their subspecialty. These must be distributed, reviewed, and available to fellows and faculty members; (Core)	4.2.b.	competency-based goals and objective designed to promote progress on a tr their subspecialty. These must be dis fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities f responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Didactic and Clinical Experiences Fellows must be provided with protect didactic activities. (Core)
IV.A.5.	formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)	4.2.e.	formal educational activities that pror tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the p the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acqui
IV.D.	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professional Fellows must demonstrate a commitm adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate proficiency in:	[None]	
IV.B.1.b).(1).(a).(i)	performing a comprehensive neurologic history and examination, including mental status examination; (Core)	4.4.a.	Fellows must demonstrate proficiency in neurologic history and examination, inclu
IV.B.1.b).(1).(a).(ii)	evaluating the extent of injury and specific injury patterns; (Core)	4.4.b.	Fellows must demonstrate proficiency in specific injury patterns. (Core)

#### llowing educational components:

ith the Sponsoring Institution's ty it serves, and the desired distinctive must be made available to program nbers; (Core)

ctives for each educational experience trajectory to autonomous practice in distributed, reviewed, and available to e)

s for patient care, progressive ent, and graded supervision in their

yond direct patient care; and, (Core)

ected time to participate in core

romote patient safety-related goals,

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the The focus in fellowship is on and medical knowledge, as well as quired in residency.

ME Competencies into the curriculum.

nalism itment to professionalism and an ore)

re and Procedural Skills (Part A) tient care that is patient- and familye, appropriate, and effective for the ne promotion of health. (Core)

in performing a comprehensive cluding mental status examination. (Core) in evaluating the extent of injury and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.b).(1).(a).(iii)	monitoring the evolution of neurologic impairment from brain injury in order to recognize conditions that may require additional evaluation, consultation, or modification of treatment, including disorders of consciousness; (Core)	4.4.c.	Fellows must demonstrate proficiency in impairment from brain injury in order to r additional evaluation, consultation, or mo disorders of consciousness. (Core)
IV.B.1.b).(1).(a).(iv)	coordinating the transition from acute care to post-acute care, including rehabilitation; (Core)	4.4.d.	Fellows must demonstrate proficiency in care to post-acute care, including rehabi
IV.B.1.b).(1).(a).(v)	establishing short- and long-term rehabilitation goals and coordinating the implementation of the rehabilitation program to meet such goals; (Core)	4.4.e.	Fellows must demonstrate proficiency in rehabilitation goals and coordinating the program to meet such goals. (Core)
IV.B.1.b).(1).(a).(vi)	diagnosing and coordinating treatment of respiratory complications of patients with brain injury, including tracheostomies, atelectasis, pneumonia, and tracheal stenosis; (Core)	4.4.f.	Fellows must demonstrate proficiency in of respiratory complications of patients w tracheostomies, atelectasis, pneumonia,
IV.B.1.b).(1).(a).(vii)	evaluating and coordinating treatment for dysphagia; (Core)	4.4.g.	Fellows must demonstrate proficiency in for dysphagia. (Core)
IV.B.1.b).(1).(a).(viii)	evaluating and managing spasticity, including use of intrathecal and chemodenervation treatment; (Core)	4.4.h.	Fellows must demonstrate proficiency in including use of intrathecal and chemode
IV.B.1.b).(1).(a).(ix)	diagnosing and coordinating treatment of autonomic and sympathetic hyperactivity; (Core)	4.4.i.	Fellows must demonstrate proficiency in of autonomic and sympathetic hyperactiv
IV.B.1.b).(1).(a).(x)	evaluating and coordinating treatment of acute and chronic pain; (Core)	4.4.j.	Fellows must demonstrate proficiency in of acute and chronic pain. (Core)
IV.B.1.b).(1).(a).(xi)	evaluating and monitoring skin problems using techniques for prevention, including the use of specialized beds and cushions; (Core)	4.4.k.	Fellows must demonstrate proficiency in problems using techniques for prevention and cushions. (Core)
IV.B.1.b).(1).(a).(xii)	diagnosing and managing agitation, emotional and behavioral problems, coexisting substance use disorders (SUDs), cognitive impairment, and sleep disorders associated with brain injury; (Core)	4.4.1.	Fellows must demonstrate proficiency in emotional and behavioral problems, coe cognitive impairment, and sleep disorder
IV.B.1.b).(1).(a).(xiii)	evaluating and managing bladder or bowel dysfunction; (Core)	4.4.m.	Fellows must demonstrate proficiency in bowel dysfunction. (Core)
IV.B.1.b).(1).(a).(xiv)	diagnosing and managing musculoskeletal disorders associated with brain injury, including contractures, shoulder pain and subluxation, complex regional pain syndrome, and heterotopic ossification; (Core)	4.4.n.	Fellows must demonstrate proficiency in musculoskeletal disorders associated wi shoulder pain and subluxation, complex heterotopic ossification. (Core)
IV.B.1.b).(1).(a).(xv)	identifying the risk of infection and coordinating treatment and infection control, including the judicious use of antimicrobials; (Core)	4.4.0.	Fellows must demonstrate proficiency in coordinating treatment and infection con antimicrobials. (Core)
IV.B.1.b).(1).(a).(xvi)	evaluating and initiating management of complications, including deep venous thrombosis, dizziness, electrolyte disturbances, endocrine disorders, headaches, hydrocephalus, pain, pulmonary embolism, seizure disorders, vertigo, and vision changes; (Core)	4.4.p.	Fellows must demonstrate proficiency in of complications, including deep venous disturbances, endocrine disorders, head embolism, seizure disorders, vertigo, and
IV.B.1.b).(1).(a).(xvii)	performing a functional assessment based on neurological, musculoskeletal, and cardiopulmonary examinations combined with psychological and pre- vocational assessments; (Core)	4.4.q.	Fellows must demonstrate proficiency in based on neurological, musculoskeletal, combined with psychological and pre-vo

in monitoring the evolution of neurologic o recognize conditions that may require modification of treatment, including

in coordinating the transition from acute bilitation. (Core)

in establishing short- and long-term implementation of the rehabilitation

in diagnosing and coordinating treatment with brain injury, including a, and tracheal stenosis. (Core)

in evaluating and coordinating treatment

in evaluating and managing spasticity, odenervation treatment. (Core)

in diagnosing and coordinating treatment stivity. (Core)

in evaluating and coordinating treatment

in evaluating and monitoring skin ion, including the use of specialized beds

in diagnosing and managing agitation, bexisting substance use disorders (SUDs), lers associated with brain injury. (Core) in evaluating and managing bladder or

in diagnosing and managing with brain injury, including contractures, ex regional pain syndrome, and

in identifying the risk of infection and ontrol, including the judicious use of

in evaluating and initiating management us thrombosis, dizziness, electrolyte adaches, hydrocephalus, pain, pulmonary and vision changes. (Core)

in performing a functional assessment al, and cardiopulmonary examinations vocational assessments. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	determining functional goals for self-care, instrumental activities of daily living,		Fellows must demonstrate proficiency ir
$\mathbb{D}(\mathbf{D} \mathbf{A} \mathbf{b}) (\mathbf{A}) (\mathbf{c}) (\mathbf{c} \mathbf{c})$	communication, mobility, vocational, and avocational activities based on the	4.4.5	care, instrumental activities of daily livin
IV.B.1.b).(1).(a).(xviii)	extent of injury; (Core)	4.4.r.	and avocational activities based on the
	determining appropriate motor retraining, conditioning, orthoses, and other		Fellows must demonstrate proficiency in retraining, conditioning, orthoses, and or
IV.B.1.b).(1).(a).(xix)	adaptive equipment needed to meet the rehabilitation goals; (Core)	4.4.s.	the rehabilitation goals. (Core)
			Fellows must demonstrate proficiency in
	assessing the indications for formal neuropsychological testing and interpreting		neuropsychological testing and interpret
IV.B.1.b).(1).(a).(xx)	the results as they relate to treatment planning or prognostication; (Core)	4.4.t.	treatment planning or prognostication. (0
			Fellows must demonstrate proficiency in
	determining when inpatient rehabilitation goals have been achieved, finalizing		rehabilitation goals have been achieved,
IV = 1 b (1) (2) (2)	discharge plans, and arranging for the appropriate level of post-acute care based on a patient's needs; (Core)	4.4.u.	arranging for the appropriate level of posineeds. (Core)
IV.B.1.b).(1).(a).(xxi)		7.4.U.	
l	developing a program of regular follow-up, evaluation, and preventive health to		Fellows must demonstrate proficiency in
	keep a patient at maximum health and functional status, and coordination with a		up, evaluation, and preventive health to
IV.B.1.b).(1).(a).(xxii)	patient's other care providers; (Core)	4.4.v.	functional status, and coordination with a
	monitoring the long-term evolution of neural recovery or decline in order to		Fellows must demonstrate proficiency in
	recognize conditions that may require additional evaluation, consultation, or		neural recovery or decline in order to rec
IV.B.1.b).(1).(a).(xxiii)	treatment modification; (Core)	4.4.w.	additional evaluation, consultation, or tre
			Fellows must demonstrate proficiency in
	assessing the special needs of adolescents with brain injury, including		adolescents with brain injury, including e
IV B 1 b) (1) (a) (xxiv)	emotional, behavioral, cognitive, and developmental issues, as well as issues associated with schooling and recreational activities; (Core)	4.4.x.	developmental issues, as well as issues recreational activities. (Core)
11.0.1.0).(1).(4).(/////////////////////////////////	diagnosing concussion, especially in sports and recreational activities,		Fellows must demonstrate proficiency in
	managing its complications, and determining appropriateness for return-to-play,		sports and recreational activities, manage
IV.B.1.b).(1).(a).(xxv)	return-to-school, and return-to-work; (Core)	4.4.y.	appropriateness for return-to-play, return
			Fellows must demonstrate proficiency in
	recognizing the signs and symptoms of blast- and combat-related brain injuries		blast- and combat-related brain injuries a
IV.B.1.b).(1).(a).(xxvi)	and managing their complications; and, (Core)	4.4.z.	(Core)
	evaluating and coordinating treatment of communication and language		Fellows must demonstrate proficiency in
IV.B.1.b).(1).(a).(xxvii)	disorders. (Core)	4.4.aa.	of communication and language disorde
	Follows must be able to perform all medical diagnostic, and surgical		ACGME Competencies – Patient Care
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	Fellows must be able to perform all m procedures considered essential for t
	Fellows must demonstrate proficiency in spasticity management, including the		Fellows must demonstrate proficiency in
	use of modalities, systemic medications, and injections for chemodenervation,		use of modalities, systemic medications,
IV.B.1.b).(2).(a)	as well as familiarity with intrathecal delivery systems. (Core)	4.5.a.	as well as familiarity with intrathecal deli
	Medical Knowledge		
			ACGME Competencies – Medical Kno
	Fellows must demonstrate knowledge of established and evolving		Fellows must demonstrate knowledge
	biomedical, clinical, epidemiological, and social-behavioral sciences,		biomedical, clinical, epidemiological,
	including scientific inquiry, as well as the application of this knowledge to	16	including scientific inquiry, as well as
IV.B.1.c) IV.B.1.c).(1)	patient care. (Core) Fellows must demonstrate knowledge of:	<b>4.6.</b>	patient care. (Core)
IV.D.I.6 <i>)</i> .(I)	I CIIONS MUSI UCMONSILALE NIOWIEUYE OI.	[None]	

in determining functional goals for selfing, communication, mobility, vocational, e extent of injury. (Core)

in determining appropriate motor other adaptive equipment needed to meet

in assessing the indications for formal reting the results as they relate to (Core)

in determining when inpatient ed, finalizing discharge plans, and post-acute care based on a patient's

in developing a program of regular followto keep a patient at maximum health and h a patient's other care providers. (Core)

in monitoring the long-term evolution of ecognize conditions that may require treatment modification. (Core)

in assessing the special needs of g emotional, behavioral, cognitive, and es associated with schooling and

in diagnosing concussion, especially in aging its complications, and determining urn-to-school, and return-to-work. (Core)

in recognizing the signs and symptoms of es and managing their complications.

in evaluating and coordinating treatment ders. (Core)

re and Procedural Skills (Part B) medical, diagnostic, and surgical or the area of practice. (Core)

in spasticity management, including the ns, and injections for chemodenervation, elivery systems. (Core)

nowledge Ige of established and evolving al, and social-behavioral sciences, as the application of this knowledge to

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
IV.B.1.c).(1).(a)	pre-hospital and initial emergency department care of a patient with brain injury; (Core)	4.6.a.	Fellows must demonstrate knowledge of department care of a patient with brain ir
IV.B.1.c).(1).(b)	the consultative role of brain injury medicine in support of emergency medicine, neurological surgery, neurology, orthopaedic surgery, and other specialties in acute care settings, including intensive and critical care units; (Core)	4.6.b.	Fellows must demonstrate knowledge of medicine in support of emergency medic orthopaedic surgery, and other specialtie intensive and critical care units. (Core)
IV.B.1.c).(1).(c)	the natural history and evolution of organ system functioning after brain injury and the interaction among various organ systems; (Core)	4.6.c.	Fellows must demonstrate knowledge of organ system functioning after brain inju- organ systems. (Core)
IV.B.1.c).(1).(d)	neuropharmacology and psychopharmacology as they relate to the management of cognitive, emotional, executive, and linguistic dysfunction; (Core)	4.6.d.	Fellows must demonstrate knowledge of psychopharmacology as they relate to th executive, and linguistic dysfunction. (Co
IV.B.1.c).(1).(e)	the interaction between brain injury and aging; (Core)	4.6.e.	Fellows must demonstrate knowledge of and aging. (Core)
IV.B.1.c).(1).(f)	prevention and treatment of secondary complications of brain injury; (Core)	4.6.f.	Fellows must demonstrate knowledge of complications of brain injury. (Core)
IV.B.1.c).(1).(g)	the relationship between known prognostic factors on the ultimate residual functional capacity; (Core)	4.6.g.	Fellows must demonstrate knowledge of prognostic factors on the ultimate residuate
IV.B.1.c).(1).(h)	assessment and functional implications of the spectrum of impaired cognitive functions in brain injury; and, (Core)	4.6.h.	Fellows must demonstrate knowledge of of the spectrum of impaired cognitive fun
IV.B.1.c).(1).(i)	consequences of repetitive brain injuries and associated neurodegenerative disorders such as chronic traumatic encephalopathy. (Core)	4.6.i.	Fellows must demonstrate knowledge of injuries and associated neurodegenerative encephalopathy. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilate continuously improve patient care bas lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of info patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Bas Fellows must demonstrate an awaren larger context and system of health ca social determinants of health, as well other resources to provide optimal he

of pre-hospital and initial emergency injury. (Core)

of the consultative role of brain injury dicine, neurological surgery, neurology, ties in acute care settings, including

of the natural history and evolution of jury and the interaction among various

of neuropharmacology and the management of cognitive, emotional, Core)

of the interaction between brain injury

of prevention and treatment of secondary

of the relationship between known lual functional capacity. (Core)

of assessment and functional implications unctions in brain injury. (Core)

of consequences of repetitive brain ative disorders such as chronic traumatic

ased Learning and Improvement y to investigate and evaluate their care ate scientific evidence, and to based on constant self-evaluation and

nal and Communication Skills sonal and communication skills that nformation and collaboration with rofessionals. (Core)

ased Practice eness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Curriculum Organization and Fellow         4.10. Curriculum Structure         The curriculum must be structured to         experiences, the length of the experie         These educational experiences include         patient care responsibilities, clinical fevents. (Core)         4.11. Didactic and Clinical Experience         Fellows must be provided with protect         didactic activities. (Core)         4.12. Pain Management         The program must provide instruction         management if applicable for the sub
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)		Curriculum Structure The curriculum must be structured to experiences, the length of the experie These educational experiences includ patient care responsibilities, clinical t events. (Core)
IV.C.1.a)	Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)	4.10.a.	Assignment of rotations must be structur rotational transitions, and rotations must quality educational experience, defined supervision, longitudinal relationships w assessment and feedback. (Core)
IV.C.1.b)	Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)	4.10.b.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with share improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Pain Management The program must provide instruction management if applicable for the sub the signs of substance use disorder.
IV.C.3.	Fellow experience must include:	[None]	
IV.C.3.a)	at least three months of clinical experience devoted to the care of hospitalized rehabilitation patients and at least three months devoted to non-hospitalized patients; (Core)	4.11.a.	Fellow experience must include at least devoted to the care of hospitalized reha months devoted to non-hospitalized pati
IV.C.3.b)	regular meetings with an assigned faculty advisor or mentor who regularly monitors the fellow's progress and provides feedback; and, (Core)	4.11.b.	Fellow experience must include regular advisor or mentor who regularly monitor feedback. (Core)

#### w Experiences

to optimize fellow educational riences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

#### ices

tected time to participate in core

ion and experience in pain ubspecialty, including recognition of er. (Core)

to optimize fellow educational riences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational

tured to minimize the frequency of ust be of sufficient length to provide a d by continuity of patient care, ongoing with faculty members, and meaningful

red to facilitate learning in a manner that effective interprofessional team that red goals of patient safety and quality

ion and experience in pain ubspecialty, including recognition of r. (Core)

st three months of clinical experience nabilitation patients and at least three atients. (Core)

ar meetings with an assigned faculty ors the fellow's progress and provides

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.C.3.c)	opportunities to meet and share experiences with residents in the affiliated residency program and in other specialties. (Detail)	4.11.c.	Fellow experience must include opportu with residents in the affiliated residency (Detail)
IV.C.4.	Didactic Curriculum	4.11.d.	Didactic Curriculum The program must have regularly sched
IV.C.4.a)	The program must have regularly scheduled conferences. (Core)	4.11.d.	Didactic Curriculum The program must have regularly sched
IV.C.4.a).(1)	These must include case-oriented multi-disciplinary conferences, journal club, and quality improvement seminars relevant to clinical care within the program. (Detail)	4.11.d.1.	These must include case-oriented multi- and quality improvement seminars relev (Detail)
IV.C.4.b)	Each fellow must have documented attendance at conferences that provide in- depth coverage of the major topics required for competence in brain injury medicine over the duration of the program. (Core)	4.11.e.	Each fellow must have documented atte depth coverage of the major topics requ medicine over the duration of the progra
IV.C.4.c)	Quality improvement seminars must include discussion of initial, discharge, and follow-up data that have been analyzed regarding the functional outcomes of persons served, as well as other practice improvement activities. (Core)	4.11.f.	Quality improvement seminars must incl follow-up data that have been analyzed persons served, as well as other practic
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisit participation in scholarly activities as Program Requirements. Scholarly acti integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a vas scientists, and educators. It is expect will reflect its mission(s) and aims, and serves. For example, some programs activity on quality improvement, pope other programs might choose to utiliz research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evide consistent with its mission(s) and ain
IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)

tunities to meet and share experiences cy program and in other specialties.

eduled conferences. (Core)

eduled conferences. (Core)

Iti-disciplinary conferences, journal club, evant to clinical care within the program.

ttendance at conferences that provide inquired for competence in brain injury gram. (Core)

nclude discussion of initial, discharge, and ed regarding the functional outcomes of tice improvement activities. (Core)

ce. The physician is a humanistic is requires the ability to think critically, y assimilate new knowledge, and ram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ng.

ty of fellowships and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ns may concentrate their scholarly opulation health, and/or teaching, while ilize more classic forms of biomedical nip.

dence of scholarly activities, aims. (Core)

dence of scholarly activities, aims. (Core)

Sponsoring Institution, must allocate ow and faculty involvement in

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	The Sponsoring Institution must provide support to fellows to attend one		The Sponsoring Institution must provide
IV.D.1.b).(1)	regional or national professional conference related to brain injury medicine or other scholarly focus. (Core)	4.13.b.	regional or national professional conference other scholarly focus. (Core)
	Faculty Scholarly Activity	4 14	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, educatio or population health •Peer-reviewed grants •Quality improvement and/or patient •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation too electronic educational materials •Contribution to professional commit editorial boards
IV.D.2.	Faculty Scholarly Activity	4.14.	•Innovations in education
IV.D.2.a)	Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) •Research in basic science, education, translational science, patient care, or population health •Peer-reviewed grants •Quality improvement and/or patient safety initiatives •Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports •Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials •Contribution to professional committees, educational organizations, or editorial boards •Innovations in education	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servio serving as a journal reviewer, journal (Outcome)
	peer-reviewed publication. (Outcome)		
IV.D.2.b).(2) IV.D.3.	Fellow Scholarly Activity	4.14.a.2. 4.15.	Fellow Scholarly Activity
	The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients,		The curriculum must advance fellows' kr research, including how research is con
IV.D.3.a)	and applied to patient care. (Core)	4.15.a.	and applied to patient care. (Core)

de support to fellows to attend one erence related to brain injury medicine or

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

t safety initiatives , review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

t safety initiatives , review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

semination of scholarly activity within following methods:

ls, posters, workshops, quality m presentations, grant leadership, nonurces, articles or publications, book vice on professional committees, or al editorial board member, or editor;

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knowledge of the basic principles of onducted, evaluated, explained to patients,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.D.3.b)	Fellows should have protected time to conduct research or other scholarly activities. (Detail)	4.15.b.	Fellows should have protected time to contractivities. (Detail)
IV.D.3.c)	Each fellow should demonstrate scholarship through at least one scientific presentation, abstract, or publication. (Outcome)	4.15.c.	Each fellow should demonstrate scholar presentation, abstract, or publication. (O
V.	Evaluation	Section 5	Section 5: Evaluation
V.A.	Fellow Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.	Feedback and Evaluation	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durir educational assignment. (Core)
V.A.1.a)	Faculty members must directly observe, evaluate, and frequently provide feedback on fellow performance during each rotation or similar educational assignment. (Core)	5.1.	Fellow Evaluation: Feedback and Eva Faculty members must directly obser feedback on fellow performance durin educational assignment. (Core)
V.A.1.b)	Evaluation must be documented at the completion of the assignment. (Core)	5.1.a.	Evaluation must be documented at th (Core)
V.A.1.b).(1)	For block rotations of greater than three months in duration, evaluation must be documented at least every three months. (Core)	5.1.a.1.	For block rotations of greater than the must be documented at least every the
V.A.1.b).(2)	Longitudinal experiences such as continuity clinic in the context of other clinical responsibilities must be evaluated at least every three months and at completion. (Core)	5.1.a.2.	Longitudinal experiences such as cor clinical responsibilities must be evalu at completion. (Core)
V.A.1.c)	The program must provide an objective performance evaluation based on the Competencies and the subspecialty-specific Milestones, and must: (Core)	5.1.b.	The program must provide an objective the Competencies and the subspecial (Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty r other professional staff members); an
V.A.1.c).(2)	provide that information to the Clinical Competency Committee for its synthesis of progressive fellow performance and improvement toward unsupervised practice. (Core)	5.1.b.2.	provide that information to the Clinica synthesis of progressive fellow perfor unsupervised practice. (Core)
V.A.1.d)	The program director or their designee, with input from the Clinical Competency Committee, must:	[None]	
V.A.1.d).(1)	meet with and review with each fellow their documented semi-annual evaluation of performance, including progress along the subspecialty-specific Milestones; (Core)	5.1.c.	The program director or their designe Competency Committee, must meet w documented semi-annual evaluation of along the subspecialty-specific Milest
V.A.1.d).(2)	assist fellows in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and, (Core)	5.1.d.	The program director or their designe Competency Committee, must assist learning plans to capitalize on their st growth. (Core)

conduct research or other scholarly

arship through at least one scientific (Outcome)

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erve, evaluate, and frequently provide ring each rotation or similar

#### aluation/

erve, evaluate, and frequently provide ring each rotation or similar

the completion of the assignment.

three months in duration, evaluation three months. (Core)

ontinuity clinic in the context of other luated at least every three months and

tive performance evaluation based on ialty-specific Milestones, and must:

*i* members, peers, patients, self, and and, (Core)

cal Competency Committee for its formance and improvement toward

nee, with input from the Clinical with and review with each fellow their of performance, including progress stones. (Core)

nee, with input from the Clinical at fellows in developing individualized strengths and identify areas for

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
V.A.1.e)	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if applicable. (Core)	5.1.f.	At least annually, there must be a sun that includes their readiness to progra applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's performative by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a).(1)	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the program. (Core)	5.2.a.	The subspecialty-specific Milestones, subspecialty-specific Case Logs, mus are able to engage in autonomous pra program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become par maintained by the institution, and must fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that the knowledge, skills, and behaviors nece (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared w program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee mu director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competence members, at least one of whom is a co be faculty members from the same pr health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	The Clinical Competency Committee I least semi-annually. (Core)
V.A.3.b).(2)	determine each fellow's progress on achievement of the subspecialty- specific Milestones; and, (Core)	5.3.c.	The Clinical Competency Committee progress on achievement of the subs
V.A.3.b).(3)	meet prior to the fellows' semi-annual evaluations and advise the program director regarding each fellow's progress. (Core)	5.3.d.	The Clinical Competency Committee r annual evaluations and advise the pro fellow's progress. (Core)

nee, with input from the Clinical lop plans for fellows failing to icies and procedures. (Core)

ummative evaluation of each fellow gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the ust be used as tools to ensure fellows practice upon completion of the

art of the fellow's permanent record nust be accessible for review by the nal policy. (Core)

the fellow has demonstrated the cessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

e must review all fellow evaluations at

e must determine each fellow's ospecialty-specific Milestones. (Core) e must meet prior to the fellows' semiorogram director regarding each

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V.B.	Faculty Evaluation	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.	The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with th in faculty development related to their performance, professionalism, and so
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pla
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pro program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvement The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee m program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee respo program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee respo ongoing program improvement, inclue based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee respo current operating environment to ider opportunities, and threats as related t (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)

o evaluate each faculty member's cational program at least annually.

o evaluate each faculty member's cational program at least annually.

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core)

, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

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the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

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the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

must be composed of at least two one of whom is a core faculty member,

oonsibilities must include review of the d progress toward meeting them.

oonsibilities must include guiding luding development of new goals,

oonsibilities must include review of the entify strengths, challenges, d to the program's mission and aims.

should consider the outcomes from , aggregate fellow and faculty written er relevant data in its assessment of

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Number	Requirement Language	Number	Requirement
V.C.1.d)	The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	The Program Evaluation Committee m and aims, strengths, areas for improv
	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the		The Annual Program Evaluation, includistributed to and discussed with the
V.C.1.e)	teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Sel (Core)
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultimation
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offered of Medical Specialties (ABMS) member Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wri years, the program's aggregate pass for the first time must be higher than to programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than to programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.c.	For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the bott that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specifi an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

nt Language
must evaluate the program's mission
vement, and threats. (Core)

cluding the action plan, must be the fellows and the members of the to the DIO. (Core)

elf-Study and submit it to the DIO.

cation is to educate physicians who n. One measure of the effectiveness of nate pass rate.

rage all eligible program graduates to red by the applicable American Board ber board or American Osteopathic

IS member board and/or AOA vritten exam, in the preceding three s rate of those taking the examination n the bottom fifth percentile of come)

*IS* member board and/or AOA vritten exam, in the preceding six s rate of those taking the examination n the bottom fifth percentile of come)

IS member board and/or AOA oral exam, in the preceding three years, of those taking the examination for the ottom fifth percentile of programs in

IS member board and/or AOA ral exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that subspecialty.

d certification status annually for the graduated seven years earlier. (Core)

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	The Learning and Working Environment		Section 6: The Learning and Working
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		The Learning and Working Environm Fellowship education must occur in t environment that emphasizes the foll
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practice
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty members, and all members of the health care team		•Commitment to the well-being of the members, and all members of the heat
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuou and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
VI.A.1.a).(1).(a)	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, and patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechan and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
VI.A.1.a).(2).(a)	Residents, fellows, faculty members, and other clinical staff members must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and,	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

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ous identification of vulnerabilities deal with them. An effective ns to assess the knowledge, skills, and afety in order to identify areas for

and fellows must actively participate in ute to a culture of safety. (Core)

v-up of safety events, near misses, and panisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based ty vulnerabilities.

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

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VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
VI.A.1.a).(2).(b)	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)	6.3.	Fellows must participate as team mer interprofessional clinical patient safe such as root cause analyses or other well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improvem
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient po
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the super Supervision in the setting of graduate
VI.A.2.a)	and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.	[None]	and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

s, and other clinical staff members formation of their institution's patient

embers in real and/or simulated fety and quality improvement activities, er activities that include analysis, as ation of actions. (Core)

*tizing activities for care improvement ment efforts.* 

receive data on quality metrics and populations. (Core)

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each fellow's development of the juired to enter the unsupervised es a foundation for continued

s ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each fellow's development of the juired to enter the unsupervised es a foundation for continued

inform each patient of their respective oviding direct patient care. This llows, faculty members, other members is. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when provi information must be available to fellow of the health care team, and patients.
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that the place for all fellows is based on each as well as patient complexity and acuit through a variety of methods, as approximation of the statemeters of methods.
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the progr classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati the fellow and the supervising physici patient care through appropriate telec
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pati the fellow and the supervising physic patient care through appropriate telec
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
VI.A.2.b).(3)	Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.	[None]	Oversight The supervising physician is available procedures/encounters with feedback
VI.A.2.c)	The program must define when physical presence of a supervising physician is required. (Core)	6.8.	The program must define when physic physician is required. (Core)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

t the appropriate level of supervision in h fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

rvision while providing for graded gram must use the following

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

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atient is not physically present with ician is concurrently monitoring the ecommunication technology.

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

oviding physical or concurrent visual ntely available to the fellow for e appropriate direct supervision.

ble to provide review of ck provided after care is delivered. sical presence of a supervising

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progr (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milester
VI.A.2.d).(2)	Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)	6.9.b.	Faculty members functioning as super portions of care to fellows based on t of each fellow. (Core)
VI.A.2.d).(3)	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	Fellows should serve in a supervisory in recognition of their progress towar of each patient and the skills of the in
VI.A.2.e)	Programs must set guidelines for circumstances and events in which fellows must communicate with the supervising faculty member(s). (Core)	6.10.	Programs must set guidelines for circ fellows must communicate with the s
VI.A.2.e).(1)	Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (Outcome)	6.10.a.	Each fellow must know the limits of the circumstances under which the fellow independence. (Outcome)
VI.A.2.f)	Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility. (Core)	6.11.	Faculty supervision assignments must the knowledge and skills of each fello appropriate level of patient care author
VI.B.	Professionalism	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.1.	Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members concerning the professional and ethical responsibilities of physicians, including but not limited to their obligation to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	Professionalism Programs, in partnership with their S fellows and faculty members concern responsibilities of physicians, includi to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	<b>-</b>
VI.B.2.a)	be accomplished without excessive reliance on fellows to fulfill non- physician obligations; (Core)	6.12.a.	The learning objectives of the program excessive reliance on fellows to fulfill
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	The learning objectives of the program care responsibilities. (Core)
VI.B.2.c)	include efforts to enhance the meaning that each fellow finds in the experience of being a physician, including protecting time with patients, providing administrative support, promoting progressive independence and flexibility, and enhancing professional relationships. (Core)	6.12.c.	The learning objectives of the program the meaning that each fellow finds in including protecting time with patient promoting progressive independence professional relationships. (Core)
VI.B.3.	The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. (Core)	6.12.d.	The program director, in partnership provide a culture of professionalism personal responsibility. (Core)

ity and responsibility, conditional ole in patient care delegated to each gram director and faculty members.

each fellow's abilities based on stones. (Core)

pervising physicians must delegate n the needs of the patient and the skills

bry role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) ircumstances and events in which supervising faculty member(s). (Core)

<sup>•</sup> their scope of authority, and the ow is permitted to act with conditional

nust be of sufficient duration to assess llow and to delegate to the fellow the thority and responsibility. (Core)

Sponsoring Institutions, must educate erning the professional and ethical iding but not limited to their obligation provide the care required by their

Sponsoring Institutions, must educate erning the professional and ethical iding but not limited to their obligation provide the care required by their

ram must be accomplished without fill non-physician obligations. (Core) ram must ensure manageable patient

ram must include efforts to enhance in the experience of being a physician, ents, providing administrative support, ice and flexibility, and enhancing

p with the Sponsoring Institution, must n that supports patient safety and

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.B.4.	Fellows and faculty members must demonstrate an understanding of their personal role in the safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	Fellows and faculty members must de personal role in the safety and welfare including the ability to report unsafe o
VI.B.5.	Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, fellows, faculty, and staff. (Core)	6.12.f.	Programs, in partnership with their Sp a professional, equitable, respectful, a psychologically safe and that is free f forms of harassment, mistreatment, a fellows, faculty, and staff. (Core)
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their Sp process for education of fellows and f behavior and a confidential process for addressing such concerns. (Core)
VIC	<ul> <li>Well-Being</li> <li>Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.</li> <li>Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their care or programs.</li> </ul>	[None]	Well-Being Psychological, emotional, and physical development of the competent, caring proactive attention to life inside and of requires that physicians retain the joy own real-life stresses. Self-care and re- members of the health care team are in professionalism; they are also skills to nurtured in the context of other aspect Fellows and faculty members are at ri Programs, in partnership with their Sp same responsibility to address well-be competence. Physicians and all member responsibility for the well-being of eac clinical learning environment models prepares fellows with the skills and at their careers
VI.C.	their careers. The responsibility of the program, in partnership with the Sponsoring	[None]	their careers. The responsibility of the program, in p
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensity impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	<ul> <li>policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)</li> <li>Fellows must be given the opportunity to attend medical, mental health,</li> </ul>	6.13.c.	policies and programs that encourage well-being; and, (Core) Fellows must be given the opportunity
VI.C.1.c).(1)	and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	and dental care appointments, includi working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem

demonstrate an understanding of their are of patients entrusted to their care, e conditions and safety events. (Core)

Sponsoring Institutions, must provide , and civil environment that is from discrimination, sexual and other abuse, or coercion of students,

Sponsoring Institutions, should have a d faculty regarding unprofessional for reporting, investigating, and

ical well-being are critical in the ng, and resilient physician and require I outside of medicine. Well-being oy in medicine while managing their I responsibility to support other e important components of s that must be modeled, learned, and ects of fellowship training.

risk for burnout and depression. Sponsoring Institutions, have the -being as other aspects of resident mbers of the health care team share each other. A positive culture in a ls constructive behaviors, and attitudes needed to thrive throughout

n partnership with the Sponsoring

ity, and work compression that

d addressing the safety of fellows and

ge optimal fellow and faculty member

ity to attend medical, mental health, ding those scheduled during their

mbers in:

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	identification of the symptoms of burnout, depression, and substance use		identification of the symptoms of bur
	disorders, suicidal ideation, or potential for violence, including means to		disorders, suicidal ideation, or potent
VI.C.1.d).(1)	assist those who experience these conditions; (Core)	6.13.d.1.	assist those who experience these co
	recognition of these symptoms in themselves and how to seek appropriate		recognition of these symptoms in the
VI.C.1.d).(2) VI.C.1.d).(3)	care; and, (Core) access to appropriate tools for self-screening. (Core)	6.13.d.2. 6.13.d.3.	appropriate care; and, (Core) access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care		providing access to confidential, affo counseling, and treatment, including
VI.C.1.e) VI.C.2.	24 hours a day, seven days a week. (Core) There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.13.e. 6.14.	24 hours a day, seven days a week. (C There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
	The program must have policies and procedures in place to ensure		The program must have policies and
VI.C.2.a)	coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	coverage of patient care and ensure of
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core)	6.16.	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.	Clinical Responsibilities, Teamwork, and Transitions of Care	[None]	
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, in the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, fre

ent Language
urnout, depression, and substance use ential for violence, including means to conditions; (Core)
hemselves and how to seek
-screening. (Core)
fordable mental health assessment, ng access to urgent and emergent care . (Core)
ellows may be unable to attend work, illness, family emergencies, and e. Each program must allow an ellows unable to perform their patient
d procedures in place to ensure e continuity of patient care. (Core)
ed without fear of negative s or was unable to provide the clinical
and faculty members in recognition of ivation, alertness management, and il)
and faculty members in recognition of ivation, alertness management, and

s Sponsoring Institution, must ensure ransportation options for fellows who n home. (Core)

h fellow must be based on PGY level, ty and complexity of patient oport services. (Core)

n environment that maximizes , interprofessional, team-based care in system. (Core)

ignments to optimize transitions in frequency, and structure. (Core)

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VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assign patient care, including their safety, free
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows an team members in the hand-off proces
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience of opportunities for rest and personal ad
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in- house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educa Clinical and educational work hours r hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Work Fellows should have eight hours off b education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours f after 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a mini clinical work and required education home call cannot be assigned on thes
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to		Up to four hours of additional time ma patient safety, such as providing effect fellow education. Additional patient c
VI.F.3.a).(1)	a fellow during this time. (Core)	6.22.a.	assigned to a fellow during this time.

gnments to optimize transitions in frequency, and structure. (Core)

Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)

are competent in communicating with ess. (Outcome)

Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.

ucational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,

rk and Education f between scheduled clinical work and

rk and Education f between scheduled clinical work and

s free of clinical work and education e)

inimum of one day in seven free of n (when averaged over four weeks). Atnese free days. (Core)

ion Period Length

ds for fellows must not exceed 24 nical assignments. (Core)

ion Period Length

ds for fellows must not exceed 24 ical assignments. (Core)

may be used for activities related to fective transitions of care, and/or t care responsibilities must not be e. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requirement
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing of on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to contin severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)
VI.F.4.b)	These additional hours of care or education must be counted toward the 80-hour weekly limit. (Detail)	6.23.a.	These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale. The Review Committee for Physical Medicine and Rehabilitation will not		A Review Committee may grant rotation percent or a maximum of 88 clinical a individual programs based on a soun The Review Committee for Physical Med
VI.F.4.c) VI.F.5.	consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	consider requests for exceptions to the 8 Moonlighting Moonlighting must not interfere with 1 goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over

Exceptions g off all other responsibilities, a fellow, remain or return to the clinical site in tinue to provide care to a single ive humanistic attention to the needs attend unique educational events.

#### Exceptions

y off all other responsibilities, a fellow, remain or return to the clinical site in itinue to provide care to a single ive humanistic attention to the needs attend unique educational events.

lucation must be counted toward the

ation-specific exceptions for up to 10 and educational work hours to and educational rationale.

edicine and Rehabilitation will not 80-hour limit to the fellows' work week.

h the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

n the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

d external moonlighting (as defined in st be counted toward the 80-hour

ntext of the 80-hour and one-day-off-in-

ncy ouse call no more frequently than /er a four-week period). (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a)	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at- home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. (Core)	6.28.	At-Home Call Time spent on patient care activities I count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven when averaged over four weeks. (Cor
VI.F.8.a).(1)	At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow. (Core)	6.28.a.	At-home call must not be so frequent reasonable personal time for each fel

is by fellows on at-home call must in weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, fore)

s by fellows on at-home call must n weekly limit. The frequency of atry-third-night limitation, but must satisfy en free of clinical work and education, fore)

ent or taxing as to preclude rest or fellow. (Core)